

HB3508



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB3508

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides for the licensure of naturopathic physicians. Makes conforming changes in various other Acts. Effective immediately.

LRB099 06148 HAF 26206 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Findings. The General Assembly finds that:

5 (1) naturopathic medicine is not currently regulated
6 in Illinois, and needs to be on the principles of freedom
7 of choice in healthcare and consumer protection;

8 (2) naturopathic physicians are trained alongside and
9 at the same standard as chiropractic physicians in
10 Illinois;

11 (3) naturopathic medicine has a federally recognized
12 accreditation agency, the Council on Naturopathic Medical
13 Education, which makes identification of properly
14 credentialed individuals simple and straightforward;

15 (4) naturopathic medicine has a common licensing
16 examination used across North America, the Naturopathic
17 Physicians Licensing Examinations (NPLEX); and

18 (5) citizens of Illinois are obtaining the credentials
19 for naturopathic physicians but do not currently have a
20 legislative framework that allows them to practice in the
21 State.

22 Section 5. The Geriatric Medicine Assistance Act is amended
23 by changing Section 2 as follows:

1 (20 ILCS 3945/2) (from Ch. 144, par. 2002)

2 Sec. 2. There is created the Geriatric Medicine Assistance
3 Commission. The Commission shall receive and approve
4 applications for grants from schools, recognized by the
5 Department of Professional Regulation as being authorized to
6 confer doctor of medicine, doctor of osteopathy, doctor of
7 chiropractic, doctor of naturopathic medicine, or registered
8 professional nursing degrees in the State, to help finance the
9 establishment of geriatric medicine programs within such
10 schools. In determining eligibility for grants, the Commission
11 shall give preference to those programs which exhibit the
12 greatest potential for directly benefiting the largest number
13 of elderly citizens in the State. The Commission may not
14 approve the application of any institution which is unable to
15 demonstrate its current financial stability and reasonable
16 prospects for future stability. No institution which fails to
17 possess and maintain an open policy with respect to race,
18 creed, color and sex as to admission of students, appointment
19 of faculty and employment of staff shall be eligible for grants
20 under this Act. The Commission shall establish such rules and
21 standards as it deems necessary for the implementation of this
22 Act.

23 The Commission shall be composed of 8 members selected as
24 follows: 2 physicians licensed to practice under the Medical
25 Practice Act of 1987 and specializing in geriatric medicine; a

1 registered professional nurse licensed under the Nurse
2 Practice Act and specializing in geriatric health care; 2
3 representatives of organizations interested in geriatric
4 medicine or the care of the elderly; and 3 individuals 60 or
5 older who are interested in geriatric health care or the care
6 of the elderly. The members of the Commission shall be selected
7 by the Governor from a list of recommendations submitted to him
8 by organizations concerned with geriatric medicine or the care
9 of the elderly.

10 The terms of the members of the Commission shall be 4
11 years, except that of the members initially appointed, 2 shall
12 be designated to serve until January 1, 1986, 3 until January
13 1, 1988, and 2 until January 1, 1990. Members of the Commission
14 shall receive no compensation, but shall be reimbursed for
15 actual expenses incurred in carrying out their duties.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 Section 10. The School Code is amended by changing Sections
18 24-6 and 26-1 as follows:

19 (105 ILCS 5/24-6)

20 Sec. 24-6. Sick leave. The school boards of all school
21 districts, including special charter districts, but not
22 including school districts in municipalities of 500,000 or
23 more, shall grant their full-time teachers, and also shall
24 grant such of their other employees as are eligible to

1 participate in the Illinois Municipal Retirement Fund under the
2 "600-Hour Standard" established, or under such other
3 eligibility participation standard as may from time to time be
4 established, by rules and regulations now or hereafter
5 promulgated by the Board of that Fund under Section 7-198 of
6 the Illinois Pension Code, as now or hereafter amended, sick
7 leave provisions not less in amount than 10 days at full pay in
8 each school year. If any such teacher or employee does not use
9 the full amount of annual leave thus allowed, the unused amount
10 shall be allowed to accumulate to a minimum available leave of
11 180 days at full pay, including the leave of the current year.
12 Sick leave shall be interpreted to mean personal illness,
13 quarantine at home, serious illness or death in the immediate
14 family or household, or birth, adoption, or placement for
15 adoption. The school board may require a certificate from a
16 physician licensed in Illinois to practice medicine and surgery
17 in all its branches, a chiropractic physician or naturopathic
18 physician licensed under the Medical Practice Act of 1987, an
19 advanced practice nurse who has a written collaborative
20 agreement with a collaborating physician that authorizes the
21 advanced practice nurse to perform health examinations, a
22 physician assistant who has been delegated the authority to
23 perform health examinations by his or her supervising
24 physician, or, if the treatment is by prayer or spiritual
25 means, a spiritual adviser or practitioner of the teacher's or
26 employee's faith as a basis for pay during leave after an

1 absence of 3 days for personal illness or 30 days for birth or
2 as the school board may deem necessary in other cases. If the
3 school board does require a certificate as a basis for pay
4 during leave of less than 3 days for personal illness, the
5 school board shall pay, from school funds, the expenses
6 incurred by the teachers or other employees in obtaining the
7 certificate. For paid leave for adoption or placement for
8 adoption, the school board may require that the teacher or
9 other employee provide evidence that the formal adoption
10 process is underway, and such leave is limited to 30 days
11 unless a longer leave has been negotiated with the exclusive
12 bargaining representative.

13 If, by reason of any change in the boundaries of school
14 districts, or by reason of the creation of a new school
15 district, the employment of a teacher is transferred to a new
16 or different board, the accumulated sick leave of such teacher
17 is not thereby lost, but is transferred to such new or
18 different district.

19 For purposes of this Section, "immediate family" shall
20 include parents, spouse, brothers, sisters, children,
21 grandparents, grandchildren, parents-in-law, brothers-in-law,
22 sisters-in-law, and legal guardians.

23 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
24 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

25 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

1 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
2 custody or control of any child (i) between the ages of 7 and
3 17 years (unless the child has already graduated from high
4 school) for school years before the 2014-2015 school year or
5 (ii) between the ages of 6 (on or before September 1) and 17
6 years (unless the child has already graduated from high school)
7 beginning with the 2014-2015 school year shall cause such child
8 to attend some public school in the district wherein the child
9 resides the entire time it is in session during the regular
10 school term, except as provided in Section 10-19.1, and during
11 a required summer school program established under Section
12 10-22.33B; provided, that the following children shall not be
13 required to attend the public schools:

14 1. Any child attending a private or a parochial school
15 where children are taught the branches of education taught
16 to children of corresponding age and grade in the public
17 schools, and where the instruction of the child in the
18 branches of education is in the English language;

19 2. Any child who is physically or mentally unable to
20 attend school, such disability being certified to the
21 county or district truant officer by a competent physician
22 licensed in Illinois to practice medicine and surgery in
23 all its branches, a chiropractic physician or naturopathic
24 physician licensed under the Medical Practice Act of 1987,
25 an advanced practice nurse who has a written collaborative
26 agreement with a collaborating physician that authorizes

1 the advanced practice nurse to perform health
2 examinations, a physician assistant who has been delegated
3 the authority to perform health examinations by his or her
4 supervising physician, or a Christian Science practitioner
5 residing in this State and listed in the Christian Science
6 Journal; or who is excused for temporary absence for cause
7 by the principal or teacher of the school which the child
8 attends; the exemptions in this paragraph (2) do not apply
9 to any female who is pregnant or the mother of one or more
10 children, except where a female is unable to attend school
11 due to a complication arising from her pregnancy and the
12 existence of such complication is certified to the county
13 or district truant officer by a competent physician;

14 3. Any child necessarily and lawfully employed
15 according to the provisions of the law regulating child
16 labor may be excused from attendance at school by the
17 county superintendent of schools or the superintendent of
18 the public school which the child should be attending, on
19 certification of the facts by and the recommendation of the
20 school board of the public school district in which the
21 child resides. In districts having part time continuation
22 schools, children so excused shall attend such schools at
23 least 8 hours each week;

24 4. Any child over 12 and under 14 years of age while in
25 attendance at confirmation classes;

26 5. Any child absent from a public school on a

1 particular day or days or at a particular time of day for
2 the reason that he is unable to attend classes or to
3 participate in any examination, study or work requirements
4 on a particular day or days or at a particular time of day,
5 because the tenets of his religion forbid secular activity
6 on a particular day or days or at a particular time of day.
7 Each school board shall prescribe rules and regulations
8 relative to absences for religious holidays including, but
9 not limited to, a list of religious holidays on which it
10 shall be mandatory to excuse a child; but nothing in this
11 paragraph 5 shall be construed to limit the right of any
12 school board, at its discretion, to excuse an absence on
13 any other day by reason of the observance of a religious
14 holiday. A school board may require the parent or guardian
15 of a child who is to be excused from attending school due
16 to the observance of a religious holiday to give notice,
17 not exceeding 5 days, of the child's absence to the school
18 principal or other school personnel. Any child excused from
19 attending school under this paragraph 5 shall not be
20 required to submit a written excuse for such absence after
21 returning to school; and

22 6. Any child 16 years of age or older who (i) submits
23 to a school district evidence of necessary and lawful
24 employment pursuant to paragraph 3 of this Section and (ii)
25 is enrolled in a graduation incentives program pursuant to
26 Section 26-16 of this Code or an alternative learning

1 opportunities program established pursuant to Article 13B
2 of this Code.

3 (Source: P.A. 98-544, eff. 7-1-14.)

4 Section 15. The Illinois Insurance Code is amended by
5 changing Section 122-1 as follows:

6 (215 ILCS 5/122-1) (from Ch. 73, par. 734-1)

7 Sec. 122-1. The authority and jurisdiction of Insurance
8 Department. Notwithstanding any other provision of law, and
9 except as provided herein, any person or other entity which
10 provides coverage in this State for medical, surgical,
11 chiropractic, naturopathic, naprapathic, physical therapy,
12 speech pathology, audiology, professional mental health,
13 dental, hospital, ophthalmologic, or optometric expenses,
14 whether such coverage is by direct-payment, reimbursement, or
15 otherwise, shall be presumed to be subject to the jurisdiction
16 of the Department unless the person or other entity shows that
17 while providing such coverage it is subject to the jurisdiction
18 of another agency of this State, any subdivision of this State,
19 or the federal government, or is a plan of self-insurance or
20 other employee welfare benefit program of an individual
21 employer or labor union established or maintained under or
22 pursuant to a collective bargaining agreement or other
23 arrangement which provides for health care services solely for
24 its employees or members and their dependents.

1 (Source: P.A. 90-7, eff. 6-10-97.)

2 Section 20. The Medical Practice Act of 1987 is amended by
3 changing Sections 2, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19,
4 22, 24, 33, and 34 as follows:

5 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

6 (Section scheduled to be repealed on December 31, 2015)

7 Sec. 2. Definitions. For purposes of this Act, the
8 following definitions shall have the following meanings,
9 except where the context requires otherwise:

10 "Act" means the Medical Practice Act of 1987.

11 "Address of record" means the designated address recorded
12 by the Department in the applicant's or licensee's application
13 file or license file as maintained by the Department's
14 licensure maintenance unit. It is the duty of the applicant or
15 licensee to inform the Department of any change of address and
16 those changes must be made either through the Department's
17 website or by contacting the Department.

18 "Approved naturopathic medical program" means a
19 naturopathic medical education program accredited or granted
20 candidacy status by the United States Council on Naturopathic
21 Medical Education, or an equivalent federally recognized
22 accrediting body for the naturopathic medical profession
23 recognized by the Board, that offers graduate-level,
24 full-time, didactic, and supervised clinical training of at

1 least 4,200 hours in length leading to the degree of Doctor of
2 Naturopathy or Doctor of Naturopathic Medicine and is part of
3 an institution of higher education that is either accredited or
4 is a candidate for accreditation by a regional institutional
5 accrediting agency recognized by the United States Secretary of
6 Education or eligible for student loans in Canada.

7 "Chiropractic physician" means a person licensed to treat
8 human ailments without the use of drugs and without operative
9 surgery. Nothing in this Act shall be construed to prohibit a
10 chiropractic physician from providing advice regarding the use
11 of non-prescription products or from administering atmospheric
12 oxygen. Nothing in this Act shall be construed to authorize a
13 chiropractic physician to prescribe drugs.

14 "Department" means the Department of Financial and
15 Professional Regulation.

16 "Disciplinary Action" means revocation, suspension,
17 probation, supervision, practice modification, reprimand,
18 required education, fines or any other action taken by the
19 Department against a person holding a license.

20 "Disciplinary Board" means the Medical Disciplinary Board.

21 "Final Determination" means the governing body's final
22 action taken under the procedure followed by a health care
23 institution, or professional association or society, against
24 any person licensed under the Act in accordance with the bylaws
25 or rules and regulations of such health care institution, or
26 professional association or society.

1 "Fund" means the Medical Disciplinary Fund.

2 "Impaired" means the inability to practice medicine with
3 reasonable skill and safety due to physical or mental
4 disabilities as evidenced by a written determination or written
5 consent based on clinical evidence including deterioration
6 through the aging process or loss of motor skill, or abuse of
7 drugs or alcohol, of sufficient degree to diminish a person's
8 ability to deliver competent patient care.

9 "Licensing Board" means the Medical Licensing Board.

10 "Naturopathic physician" means a practitioner of
11 naturopathic medicine who has been properly licensed for that
12 purpose by the Department under this Act. "Naturopathic
13 physician" includes all titles and designations associated
14 with the practice of naturopathic medicine, including, "doctor
15 of naturopathic medicine", "doctor of naturopathy",
16 "naturopathic doctor", "naturopath", "naturopathic medical
17 doctor", "N.D.", "ND", "N.M.D.", and "NMD".

18 "Physician" means a person licensed under the Medical
19 Practice Act to practice medicine in all of its branches, a
20 naturopathic physician, or a chiropractic physician.

21 "Professional Association" means an association or society
22 of persons licensed under this Act, and operating within the
23 State of Illinois, including but not limited to, medical
24 societies, osteopathic organizations, naturopathic
25 organizations, and chiropractic organizations, but this term
26 shall not be deemed to include hospital medical staffs.

1 "Program of Care, Counseling, or Treatment" means a written
2 schedule of organized treatment, care, counseling, activities,
3 or education, satisfactory to the Disciplinary Board, designed
4 for the purpose of restoring an impaired person to a condition
5 whereby the impaired person can practice medicine with
6 reasonable skill and safety of a sufficient degree to deliver
7 competent patient care.

8 "Reinstate" means to change the status of a license from
9 inactive or nonrenewed status to active status.

10 "Restore" means to remove an encumbrance from a license due
11 to probation, suspension, or revocation.

12 "Secretary" means the Secretary of the Department of
13 Financial and Professional Regulation.

14 (Source: P.A. 97-462, eff. 8-19-11; 97-622, eff. 11-23-11;
15 98-1140, eff. 12-30-14.)

16 (225 ILCS 60/7) (from Ch. 111, par. 4400-7)

17 (Section scheduled to be repealed on December 31, 2015)

18 Sec. 7. Medical Disciplinary Board.

19 (A) There is hereby created the Illinois State Medical
20 Disciplinary Board. The Disciplinary Board shall consist of 12
21 ~~11~~ members, to be appointed by the Governor by and with the
22 advice and consent of the Senate. All members shall be
23 residents of the State, not more than 7 ~~6~~ of whom shall be
24 members of the same political party. All members shall be
25 voting members. Five members shall be physicians licensed to

1 practice medicine in all of its branches in Illinois possessing
2 the degree of doctor of medicine. One member shall be a
3 physician licensed to practice medicine in all its branches in
4 Illinois possessing the degree of doctor of osteopathy or
5 osteopathic medicine. One member shall be a chiropractic
6 physician licensed to practice in Illinois and possessing the
7 degree of doctor of chiropractic. One member shall be a
8 naturopathic physician licensed to practice in Illinois and
9 possessing the degree of naturopathic medicine. Four members
10 shall be members of the public, who shall not be engaged in any
11 way, directly or indirectly, as providers of health care.

12 (B) Members of the Disciplinary Board shall be appointed
13 for terms of 4 years. Upon the expiration of the term of any
14 member, their successor shall be appointed for a term of 4
15 years by the Governor by and with the advice and consent of the
16 Senate. The Governor shall fill any vacancy for the remainder
17 of the unexpired term with the advice and consent of the
18 Senate. Upon recommendation of the Board, any member of the
19 Disciplinary Board may be removed by the Governor for
20 misfeasance, malfeasance, or wilful neglect of duty, after
21 notice, and a public hearing, unless such notice and hearing
22 shall be expressly waived in writing. Each member shall serve
23 on the Disciplinary Board until their successor is appointed
24 and qualified. No member of the Disciplinary Board shall serve
25 more than 2 consecutive 4 year terms.

26 In making appointments the Governor shall attempt to insure

1 that the various social and geographic regions of the State of
2 Illinois are properly represented.

3 In making the designation of persons to act for the several
4 professions represented on the Disciplinary Board, the
5 Governor shall give due consideration to recommendations by
6 members of the respective professions and by organizations
7 therein.

8 (C) The Disciplinary Board shall annually elect one of its
9 voting members as chairperson and one as vice chairperson. No
10 officer shall be elected more than twice in succession to the
11 same office. Each officer shall serve until their successor has
12 been elected and qualified.

13 (D) (Blank).

14 (E) Six voting members of the Disciplinary Board, at least
15 4 of whom are physicians, shall constitute a quorum. A vacancy
16 in the membership of the Disciplinary Board shall not impair
17 the right of a quorum to exercise all the rights and perform
18 all the duties of the Disciplinary Board. Any action taken by
19 the Disciplinary Board under this Act may be authorized by
20 resolution at any regular or special meeting and each such
21 resolution shall take effect immediately. The Disciplinary
22 Board shall meet at least quarterly.

23 (F) Each member, and member-officer, of the Disciplinary
24 Board shall receive a per diem stipend as the Secretary shall
25 determine. Each member shall be paid their necessary expenses
26 while engaged in the performance of their duties.

1 (G) The Secretary shall select a Chief Medical Coordinator
2 and not less than 2 Deputy Medical Coordinators who shall not
3 be members of the Disciplinary Board. Each medical coordinator
4 shall be a physician licensed to practice medicine in all of
5 its branches, and the Secretary shall set their rates of
6 compensation. The Secretary shall assign at least one medical
7 coordinator to a region composed of Cook County and such other
8 counties as the Secretary may deem appropriate, and such
9 medical coordinator or coordinators shall locate their office
10 in Chicago. The Secretary shall assign at least one medical
11 coordinator to a region composed of the balance of counties in
12 the State, and such medical coordinator or coordinators shall
13 locate their office in Springfield. The Chief Medical
14 Coordinator shall be the chief enforcement officer of this Act.
15 None of the functions, powers, or duties of the Department with
16 respect to policies regarding enforcement or discipline under
17 this Act, including the adoption of such rules as may be
18 necessary for the administration of this Act, shall be
19 exercised by the Department except upon review of the
20 Disciplinary Board.

21 The Secretary shall employ, in conformity with the
22 Personnel Code, investigators who are college graduates with at
23 least 2 years of investigative experience or one year of
24 advanced medical education. Upon the written request of the
25 Disciplinary Board, the Secretary shall employ, in conformity
26 with the Personnel Code, such other professional, technical,

1 investigative, and clerical help, either on a full or part-time
2 basis as the Disciplinary Board deems necessary for the proper
3 performance of its duties.

4 (H) Upon the specific request of the Disciplinary Board,
5 signed by either the chairperson, vice chairperson, or a
6 medical coordinator of the Disciplinary Board, the Department
7 of Human Services, the Department of Healthcare and Family
8 Services, the Department of State Police, or any other law
9 enforcement agency located in this State shall make available
10 any and all information that they have in their possession
11 regarding a particular case then under investigation by the
12 Disciplinary Board.

13 (I) Members of the Disciplinary Board shall be immune from
14 suit in any action based upon any disciplinary proceedings or
15 other acts performed in good faith as members of the
16 Disciplinary Board.

17 (J) The Disciplinary Board may compile and establish a
18 statewide roster of physicians and other medical
19 professionals, including the several medical specialties, of
20 such physicians and medical professionals, who have agreed to
21 serve from time to time as advisors to the medical
22 coordinators. Such advisors shall assist the medical
23 coordinators or the Disciplinary Board in their investigations
24 and participation in complaints against physicians. Such
25 advisors shall serve under contract and shall be reimbursed at
26 a reasonable rate for the services provided, plus reasonable

1 expenses incurred. While serving in this capacity, the advisor,
2 for any act undertaken in good faith and in the conduct of his
3 or her duties under this Section, shall be immune from civil
4 suit.

5 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/8) (from Ch. 111, par. 4400-8)

7 (Section scheduled to be repealed on December 31, 2015)

8 Sec. 8. Medical Licensing Board.

9 (A) There is hereby created a Medical Licensing Board. The
10 Licensing Board shall be composed of 7 members, to be appointed
11 by the Governor by and with the advice and consent of the
12 Senate; 5 of whom shall be reputable physicians licensed to
13 practice medicine in all of its branches in Illinois,
14 possessing the degree of doctor of medicine; one member shall
15 be a reputable physician licensed in Illinois to practice
16 medicine in all of its branches, possessing the degree of
17 doctor of osteopathy or osteopathic medicine; one member shall
18 be a reputable naturopathic physician licensed to practice in
19 Illinois and possessing the degree of doctor of naturopathic
20 medicine; and one member shall be a reputable chiropractic
21 physician licensed to practice in Illinois and possessing the
22 degree of doctor of chiropractic. Of the 5 members holding the
23 degree of doctor of medicine, one shall be a full-time or
24 part-time teacher of professorial rank in the clinical
25 department of an Illinois school of medicine.

1 (B) Members of the Licensing Board shall be appointed for
2 terms of 4 years, and until their successors are appointed and
3 qualified. Appointments to fill vacancies shall be made in the
4 same manner as original appointments, for the unexpired portion
5 of the vacated term. No more than 4 members of the Licensing
6 Board shall be members of the same political party and all
7 members shall be residents of this State. No member of the
8 Licensing Board may be appointed to more than 2 successive 4
9 year terms.

10 (C) Members of the Licensing Board shall be immune from
11 suit in any action based upon any licensing proceedings or
12 other acts performed in good faith as members of the Licensing
13 Board.

14 (D) (Blank).

15 (E) The Licensing Board shall annually elect one of its
16 members as chairperson and one as vice chairperson. No member
17 shall be elected more than twice in succession to the same
18 office. Each officer shall serve until his or her successor has
19 been elected and qualified.

20 (F) None of the functions, powers or duties of the
21 Department with respect to policies regarding licensure and
22 examination under this Act, including the promulgation of such
23 rules as may be necessary for the administration of this Act,
24 shall be exercised by the Department except upon review of the
25 Licensing Board.

26 (G) The Licensing Board shall receive the same compensation

1 as the members of the Disciplinary Board, which compensation
2 shall be paid out of the Illinois State Medical Disciplinary
3 Fund.

4 (Source: P.A. 97-622, eff. 11-23-11.)

5 (225 ILCS 60/9) (from Ch. 111, par. 4400-9)

6 (Section scheduled to be repealed on December 31, 2015)

7 Sec. 9. Application for license. Each applicant for a
8 license shall:

9 (A) Make application on blank forms prepared and
10 furnished by the Department.

11 (B) Submit evidence satisfactory to the Department
12 that the applicant:

13 (1) is of good moral character. In determining
14 moral character under this Section, the Department may
15 take into consideration whether the applicant has
16 engaged in conduct or activities which would
17 constitute grounds for discipline under this Act. The
18 Department may also request the applicant to submit,
19 and may consider as evidence of moral character,
20 endorsements from 2 or 3 individuals licensed under
21 this Act;

22 (2) has the preliminary and professional education
23 required by this Act;

24 (3) (blank); and

25 (4) is physically, mentally, and professionally

1 capable of practicing medicine with reasonable
2 judgment, skill, and safety. In determining physical
3 and mental capacity under this Section, the Licensing
4 Board may, upon a showing of a possible incapacity or
5 conduct or activities that would constitute grounds
6 for discipline under this Act, compel any applicant to
7 submit to a mental or physical examination and
8 evaluation, or both, as provided for in Section 22 of
9 this Act. The Licensing Board may condition or restrict
10 any license, subject to the same terms and conditions
11 as are provided for the Disciplinary Board under
12 Section 22 of this Act. Any such condition of a
13 restricted license shall provide that the Chief
14 Medical Coordinator or Deputy Medical Coordinator
15 shall have the authority to review the subject
16 physician's compliance with such conditions or
17 restrictions, including, where appropriate, the
18 physician's record of treatment and counseling
19 regarding the impairment, to the extent permitted by
20 applicable federal statutes and regulations
21 safeguarding the confidentiality of medical records of
22 patients.

23 In determining professional capacity under this
24 Section, an individual may be required to complete such
25 additional testing, training, or remedial education as the
26 Licensing Board may deem necessary in order to establish

1 the applicant's present capacity to practice medicine with
2 reasonable judgment, skill, and safety. The Licensing
3 Board may consider the following criteria, as they relate
4 to an applicant, as part of its determination of
5 professional capacity:

6 (1) Medical research in an established research
7 facility, hospital, college or university, or private
8 corporation.

9 (2) Specialized training or education.

10 (3) Publication of original work in learned,
11 medical, or scientific journals.

12 (4) Participation in federal, State, local, or
13 international public health programs or organizations.

14 (5) Professional service in a federal veterans or
15 military institution.

16 (6) Any other professional activities deemed to
17 maintain and enhance the clinical capabilities of the
18 applicant.

19 Any applicant applying for a license to practice
20 medicine in all of its branches, for a license as a
21 naturopathic physician, or for a license as a chiropractic
22 physician who has not been engaged in the active practice
23 of medicine or has not been enrolled in a medical program
24 for 2 years prior to application must submit proof of
25 professional capacity to the Licensing Board.

26 Any applicant applying for a temporary license that has

1 not been engaged in the active practice of medicine or has
2 not been enrolled in a medical program for longer than 5
3 years prior to application must submit proof of
4 professional capacity to the Licensing Board.

5 (C) Designate specifically the name, location, and
6 kind of professional school, college, or institution of
7 which the applicant is a graduate and the category under
8 which the applicant seeks, and will undertake, to practice.

9 (D) Pay to the Department at the time of application
10 the required fees.

11 (E) Pursuant to Department rules, as required, pass an
12 examination authorized by the Department to determine the
13 applicant's fitness to receive a license.

14 (F) Complete the application process within 3 years
15 from the date of application. If the process has not been
16 completed within 3 years, the application shall expire,
17 application fees shall be forfeited, and the applicant must
18 reapply and meet the requirements in effect at the time of
19 reapplication.

20 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

21 (225 ILCS 60/10) (from Ch. 111, par. 4400-10)

22 (Section scheduled to be repealed on December 31, 2015)

23 Sec. 10. The Department shall:

24 (A) Make rules for establishing reasonable minimum
25 standards of educational requirements to be observed by

1 medical, osteopathic, naturopathic, and chiropractic colleges;

2 (B) Effectuate the policy of the State of Illinois that the
3 quality of medical training is an appropriate concern in the
4 recruiting, licensing, credentialing and participation in
5 residency programs of physicians. However, it is inappropriate
6 to discriminate against any physician because of national
7 origin or geographic location of medical education;

8 (C) Formulate rules and regulations required for the
9 administration of this Act.

10 (Source: P.A. 86-573.)

11 (225 ILCS 60/11) (from Ch. 111, par. 4400-11)

12 (Section scheduled to be repealed on December 31, 2015)

13 Sec. 11. Minimum education standards. The minimum
14 standards of professional education to be enforced by the
15 Department in conducting examinations and issuing licenses
16 shall be as follows:

17 (A) Practice of medicine. For the practice of medicine
18 in all of its branches:

19 (1) For applications for licensure under
20 subsection (D) of Section 19 of this Act:

21 (a) that the applicant is a graduate of a
22 medical or osteopathic college in the United
23 States, its territories or Canada, that the
24 applicant has completed a 2 year course of
25 instruction in a college of liberal arts, or its

1 equivalent, and a course of instruction in a
2 medical or osteopathic college approved by the
3 Department or by a private, not for profit
4 accrediting body approved by the Department, and
5 in addition thereto, a course of postgraduate
6 clinical training of not less than 12 months as
7 approved by the Department; or

8 (b) that the applicant is a graduate of a
9 medical or osteopathic college located outside the
10 United States, its territories or Canada, and that
11 the degree conferred is officially recognized by
12 the country for the purposes of licensure, that the
13 applicant has completed a 2 year course of
14 instruction in a college of liberal arts or its
15 equivalent, and a course of instruction in a
16 medical or osteopathic college approved by the
17 Department, which course shall have been not less
18 than 132 weeks in duration and shall have been
19 completed within a period of not less than 35
20 months, and, in addition thereto, has completed a
21 course of postgraduate clinical training of not
22 less than 12 months, as approved by the Department,
23 and has complied with any other standards
24 established by rule.

25 For the purposes of this subparagraph (b) an
26 applicant is considered to be a graduate of a

1 medical college if the degree which is conferred is
2 officially recognized by that country for the
3 purposes of receiving a license to practice
4 medicine in all of its branches or a document is
5 granted by the medical college which certifies the
6 completion of all formal training requirements
7 including any internship and social service; or

8 (c) that the applicant has studied medicine at
9 a medical or osteopathic college located outside
10 the United States, its territories, or Canada,
11 that the applicant has completed a 2 year course of
12 instruction in a college of liberal arts or its
13 equivalent and all of the formal requirements of a
14 foreign medical school except internship and
15 social service, which course shall have been not
16 less than 132 weeks in duration and shall have been
17 completed within a period of not less than 35
18 months; that the applicant has submitted an
19 application to a medical college accredited by the
20 Liaison Committee on Medical Education and
21 submitted to such evaluation procedures, including
22 use of nationally recognized medical student tests
23 or tests devised by the individual medical
24 college, and that the applicant has satisfactorily
25 completed one academic year of supervised clinical
26 training under the direction of such medical

1 college; and, in addition thereto has completed a
2 course of postgraduate clinical training of not
3 less than 12 months, as approved by the Department,
4 and has complied with any other standards
5 established by rule.

6 (d) Any clinical clerkships must have been
7 completed in compliance with Section 10.3 of the
8 Hospital Licensing Act, as amended.

9 (2) Effective January 1, 1988, for applications
10 for licensure made subsequent to January 1, 1988, under
11 Sections 9 or 17 of this Act by individuals not
12 described in paragraph (3) of subsection (A) of Section
13 11 who graduated after December 31, 1984:

14 (a) that the applicant: (i) graduated from a
15 medical or osteopathic college officially
16 recognized by the jurisdiction in which it is
17 located for the purpose of receiving a license to
18 practice medicine in all of its branches, and the
19 applicant has completed, as defined by the
20 Department, a 6 year postsecondary course of study
21 comprising at least 2 academic years of study in
22 the basic medical sciences; and 2 academic years of
23 study in the clinical sciences, while enrolled in
24 the medical college which conferred the degree,
25 the core rotations of which must have been
26 completed in clinical teaching facilities owned,

1 operated or formally affiliated with the medical
2 college which conferred the degree, or under
3 contract in teaching facilities owned, operated or
4 affiliated with another medical college which is
5 officially recognized by the jurisdiction in which
6 the medical school which conferred the degree is
7 located; or (ii) graduated from a medical or
8 osteopathic college accredited by the Liaison
9 Committee on Medical Education, the Committee on
10 Accreditation of Canadian Medical Schools in
11 conjunction with the Liaison Committee on Medical
12 Education, or the Bureau of Professional Education
13 of the American Osteopathic Association; and,
14 (iii) in addition thereto, has completed 24 months
15 of postgraduate clinical training, as approved by
16 the Department; or

17 (b) that the applicant has studied medicine at
18 a medical or osteopathic college located outside
19 the United States, its territories, or Canada,
20 that the applicant, in addition to satisfying the
21 requirements of subparagraph (a), except for the
22 awarding of a degree, has completed all of the
23 formal requirements of a foreign medical school
24 except internship and social service and has
25 submitted an application to a medical college
26 accredited by the Liaison Committee on Medical

1 Education and submitted to such evaluation
2 procedures, including use of nationally recognized
3 medical student tests or tests devised by the
4 individual medical college, and that the applicant
5 has satisfactorily completed one academic year of
6 supervised clinical training under the direction
7 of such medical college; and, in addition thereto,
8 has completed 24 months of postgraduate clinical
9 training, as approved by the Department, and has
10 complied with any other standards established by
11 rule.

12 (3) (Blank).

13 (4) Any person granted a temporary license
14 pursuant to Section 17 of this Act who shall
15 satisfactorily complete a course of postgraduate
16 clinical training and meet all of the requirements for
17 licensure shall be granted a permanent license
18 pursuant to Section 9.

19 (5) Notwithstanding any other provision of this
20 Section an individual holding a temporary license
21 under Section 17 of this Act shall be required to
22 satisfy the undergraduate medical and post-graduate
23 clinical training educational requirements in effect
24 on the date of their application for a temporary
25 license, provided they apply for a license under
26 Section 9 of this Act and satisfy all other

1 requirements of this Section while their temporary
2 license is in effect.

3 (B) Treating human ailments without drugs and without
4 operative surgery. For the practice of treating human
5 ailments without the use of drugs and without operative
6 surgery:

7 (1) For an applicant who was a resident student and
8 who is a graduate after July 1, 1926, of a chiropractic
9 college or institution, that such school, college or
10 institution, at the time of the applicant's graduation
11 required as a prerequisite to admission thereto a 4
12 year course of instruction in a high school, and, as a
13 prerequisite to graduation therefrom, a course of
14 instruction in the treatment of human ailments, of not
15 less than 132 weeks in duration and which shall have
16 been completed within a period of not less than 35
17 months except that as to students matriculating or
18 entering upon a course of chiropractic study during the
19 years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and
20 1947, such elapsed time shall be not less than 32
21 months, such high school and such school, college or
22 institution having been reputable and in good standing
23 in the judgment of the Department.

24 (2) For an applicant who is a matriculant in a
25 chiropractic college after September 1, 1969, that
26 such applicant shall be required to complete a 2 year

1 course of instruction in a liberal arts college or its
2 equivalent and a course of instruction in a
3 chiropractic college in the treatment of human
4 ailments, such course, as a prerequisite to graduation
5 therefrom, having been not less than 132 weeks in
6 duration and shall have been completed within a period
7 of not less than 35 months, such college of liberal
8 arts and chiropractic college having been reputable
9 and in good standing in the judgment of the Department.

10 (3) For an applicant who is a graduate of a United
11 States chiropractic college after August 19, 1981, the
12 college of the applicant must be fully accredited by
13 the Commission on Accreditation of the Council on
14 Chiropractic Education or its successor at the time of
15 graduation. Such graduates shall be considered to have
16 met the minimum requirements which shall be in addition
17 to those requirements set forth in the rules and
18 regulations promulgated by the Department.

19 (4) For an applicant who is a graduate of a
20 chiropractic college in another country; that such
21 chiropractic college be equivalent to the standards of
22 education as set forth for chiropractic colleges
23 located in the United States.

24 (C) Practice of naturopathic medicine. For the
25 practice of naturopathic medicine:

26 (1) For an applicant who is a graduate of an

1 approved naturopathic medical program, in accordance
2 with this Act, that he or she has successfully
3 completed a competency-based national naturopathic
4 licensing examination administered by the North
5 American Board of Naturopathic Examiners or an
6 equivalent agency, as recognized by the Department.

7 (2) For an applicant who is a graduate of a
8 degree-granting approved naturopathic medical program
9 prior to 1986, evidence of successful passage of a
10 State competency examination in a licensed state or a
11 Canadian provincial examination in a licensed or
12 regulated province approved by the Department in lieu
13 of passage of a national licensing examination.

14 (Source: P.A. 97-622, eff. 11-23-11.)

15 (225 ILCS 60/14) (from Ch. 111, par. 4400-14)

16 (Section scheduled to be repealed on December 31, 2015)

17 Sec. 14. Chiropractic students and naturopathic medicine
18 students.

19 (a) Candidates for the degree of doctor of chiropractic
20 enrolled in a chiropractic college, accredited by the Council
21 on Chiropractic Education, may practice under the direct,
22 on-premises supervision of a chiropractic physician who is a
23 member of the faculty of an accredited chiropractic college.

24 (b) Candidates for the degree of doctor of naturopathic
25 medicine enrolled in a naturopathic college, accredited by the

1 United States Council on Naturopathic Medical Education, may
2 practice under the direct, on-premises supervision of a
3 naturopathic physician who is a member of the faculty of an
4 accredited naturopathic college.

5 (Source: P.A. 97-622, eff. 11-23-11.)

6 (225 ILCS 60/15) (from Ch. 111, par. 4400-15)

7 (Section scheduled to be repealed on December 31, 2015)

8 Sec. 15. Chiropractic and naturopathic physician; license
9 for general practice. Any chiropractic or naturopathic
10 physician licensed under this Act shall be permitted to take
11 the examination for licensure as a physician to practice
12 medicine in all its branches and shall receive a license to
13 practice medicine in all of its branches if he or she shall
14 successfully pass such examination, upon proof of having
15 successfully completed in a medical college, osteopathic
16 college, naturopathic college, or chiropractic college
17 reputable and in good standing in the judgment of the
18 Department, courses of instruction in materia medica,
19 therapeutics, surgery, obstetrics, and theory and practice
20 deemed by the Department to be equal to the courses of
21 instruction required in those subjects for admission to the
22 examination for a license to practice medicine in all of its
23 branches, together with proof of having completed (a) the 2
24 year course of instruction in a college of liberal arts, or its
25 equivalent, required under this Act, and (b) a course of

1 postgraduate clinical training of not less than 24 months as
2 approved by the Department.

3 (Source: P.A. 97-622, eff. 11-23-11.)

4 (225 ILCS 60/16) (from Ch. 111, par. 4400-16)

5 (Section scheduled to be repealed on December 31, 2015)

6 Sec. 16. Ineligibility for examination. Any person who
7 shall fail any examination for licensure as a medical doctor,
8 doctor of osteopathy or osteopathic medicine, doctor of
9 naturopathic medicine, or doctor of chiropractic in this or any
10 other jurisdiction a total of 5 times shall thereafter be
11 ineligible for further examinations until such time as such
12 person shall submit to the Department evidence of further
13 formal professional study, as required by rule of the
14 Department, in an accredited institution.

15 (Source: P.A. 89-702, eff. 7-1-97.)

16 (225 ILCS 60/17) (from Ch. 111, par. 4400-17)

17 (Section scheduled to be repealed on December 31, 2015)

18 Sec. 17. Temporary license. Persons holding the degree of
19 Doctor of Medicine, persons holding the degree of Doctor of
20 Osteopathy or Doctor of Osteopathic Medicine, persons holding
21 the degree of Doctor of Naturopathic Medicine, and persons
22 holding the degree of Doctor of Chiropractic or persons who
23 have satisfied the requirements therefor and are eligible to
24 receive such degree from a medical, osteopathic, naturopathic,

1 or chiropractic school, who wish to pursue programs of graduate
2 or specialty training in this State, may receive without
3 examination, in the discretion of the Department, a 3-year
4 temporary license. In order to receive a 3-year temporary
5 license hereunder, an applicant shall submit evidence
6 satisfactory to the Department that the applicant:

7 (A) Is of good moral character. In determining moral
8 character under this Section, the Department may take into
9 consideration whether the applicant has engaged in conduct
10 or activities which would constitute grounds for
11 discipline under this Act. The Department may also request
12 the applicant to submit, and may consider as evidence of
13 moral character, endorsements from 2 or 3 individuals
14 licensed under this Act;

15 (B) Has been accepted or appointed for specialty or
16 residency training by a hospital situated in this State or
17 a training program in hospitals or facilities maintained by
18 the State of Illinois or affiliated training facilities
19 which is approved by the Department for the purpose of such
20 training under this Act. The applicant shall indicate the
21 beginning and ending dates of the period for which the
22 applicant has been accepted or appointed;

23 (C) Has or will satisfy the professional education
24 requirements of Section 11 of this Act which are effective
25 at the date of application except for postgraduate clinical
26 training;

1 (D) Is physically, mentally, and professionally
2 capable of practicing medicine or treating human ailments
3 without the use of drugs and without operative surgery with
4 reasonable judgment, skill, and safety. In determining
5 physical, mental and professional capacity under this
6 Section, the Licensing Board may, upon a showing of a
7 possible incapacity, compel an applicant to submit to a
8 mental or physical examination and evaluation, or both, and
9 may condition or restrict any temporary license, subject to
10 the same terms and conditions as are provided for the
11 Disciplinary Board under Section 22 of this Act. Any such
12 condition of restricted temporary license shall provide
13 that the Chief Medical Coordinator or Deputy Medical
14 Coordinator shall have the authority to review the subject
15 physician's compliance with such conditions or
16 restrictions, including, where appropriate, the
17 physician's record of treatment and counseling regarding
18 the impairment, to the extent permitted by applicable
19 federal statutes and regulations safeguarding the
20 confidentiality of medical records of patients.

21 Three-year temporary licenses issued pursuant to this
22 Section shall be valid only for the period of time designated
23 therein, and may be extended or renewed pursuant to the rules
24 of the Department, and if a temporary license is thereafter
25 extended, it shall not extend beyond completion of the
26 residency program. The holder of a valid 3-year temporary

1 license shall be entitled thereby to perform only such acts as
2 may be prescribed by and incidental to his or her program of
3 residency training; he or she shall not be entitled to
4 otherwise engage in the practice of medicine in this State
5 unless fully licensed in this State.

6 A 3-year temporary license may be revoked or suspended by
7 the Department upon proof that the holder thereof has engaged
8 in the practice of medicine in this State outside of the
9 program of his or her residency or specialty training, or if
10 the holder shall fail to supply the Department, within 10 days
11 of its request, with information as to his or her current
12 status and activities in his or her specialty training program.
13 Such a revocation or suspension shall comply with the
14 procedures set forth in subsection (d) of Section 37 of this
15 Act.

16 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

17 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

18 (Section scheduled to be repealed on December 31, 2015)

19 Sec. 18. Visiting professor, physician, or resident
20 permits.

21 (A) Visiting professor permit.

22 (1) A visiting professor permit shall entitle a person
23 to practice medicine in all of its branches or to practice
24 the treatment of human ailments without the use of drugs
25 and without operative surgery provided:

1 (a) the person maintains an equivalent
2 authorization to practice medicine in all of its
3 branches or to practice the treatment of human ailments
4 without the use of drugs and without operative surgery
5 in good standing in his or her native licensing
6 jurisdiction during the period of the visiting
7 professor permit;

8 (b) the person has received a faculty appointment
9 to teach in a medical, osteopathic, naturopathic, or
10 chiropractic school in Illinois; and

11 (c) the Department may prescribe the information
12 necessary to establish an applicant's eligibility for
13 a permit. This information shall include without
14 limitation (i) a statement from the dean of the medical
15 school at which the applicant will be employed
16 describing the applicant's qualifications and (ii) a
17 statement from the dean of the medical school listing
18 every affiliated institution in which the applicant
19 will be providing instruction as part of the medical
20 school's education program and justifying any clinical
21 activities at each of the institutions listed by the
22 dean.

23 (2) Application for visiting professor permits shall
24 be made to the Department, in writing, on forms prescribed
25 by the Department and shall be accompanied by the required
26 fee established by rule, which shall not be refundable. Any

1 application shall require the information as, in the
2 judgment of the Department, will enable the Department to
3 pass on the qualifications of the applicant.

4 (3) A visiting professor permit shall be valid for no
5 longer than 2 years from the date of issuance or until the
6 time the faculty appointment is terminated, whichever
7 occurs first, and may be renewed only in accordance with
8 subdivision (A) (6) of this Section.

9 (4) The applicant may be required to appear before the
10 Licensing Board for an interview prior to, and as a
11 requirement for, the issuance of the original permit and
12 the renewal.

13 (5) Persons holding a permit under this Section shall
14 only practice medicine in all of its branches or practice
15 the treatment of human ailments without the use of drugs
16 and without operative surgery in the State of Illinois in
17 their official capacity under their contract within the
18 medical school itself and any affiliated institution in
19 which the permit holder is providing instruction as part of
20 the medical school's educational program and for which the
21 medical school has assumed direct responsibility.

22 (6) After the initial renewal of a visiting professor
23 permit, a visiting professor permit shall be valid until
24 the last day of the next physician license renewal period,
25 as set by rule, and may only be renewed for applicants who
26 meet the following requirements:

1 (i) have obtained the required continuing
2 education hours as set by rule; and

3 (ii) have paid the fee prescribed for a license
4 under Section 21 of this Act.

5 For initial renewal, the visiting professor must
6 successfully pass a general competency examination authorized
7 by the Department by rule, unless he or she was issued an
8 initial visiting professor permit on or after January 1, 2007,
9 but prior to July 1, 2007.

10 (B) Visiting physician permit.

11 (1) The Department may, in its discretion, issue a
12 temporary visiting physician permit, without examination,
13 provided:

14 (a) (blank);

15 (b) that the person maintains an equivalent
16 authorization to practice medicine in all of its
17 branches or to practice the treatment of human ailments
18 without the use of drugs and without operative surgery
19 in good standing in his or her native licensing
20 jurisdiction during the period of the temporary
21 visiting physician permit;

22 (c) that the person has received an invitation or
23 appointment to study, demonstrate, or perform a
24 specific medical, osteopathic, naturopathic,
25 chiropractic or clinical subject or technique in a

1 medical, osteopathic, naturopathic, or chiropractic
2 school, a state or national medical, osteopathic,
3 naturopathic, or chiropractic professional association
4 or society conference or meeting, a hospital licensed
5 under the Hospital Licensing Act, a hospital organized
6 under the University of Illinois Hospital Act, or a
7 facility operated pursuant to the Ambulatory Surgical
8 Treatment Center Act; and

9 (d) that the temporary visiting physician permit
10 shall only permit the holder to practice medicine in
11 all of its branches or practice the treatment of human
12 ailments without the use of drugs and without operative
13 surgery within the scope of the medical, osteopathic,
14 naturopathic, chiropractic, or clinical studies, or in
15 conjunction with the state or national medical,
16 osteopathic, naturopathic, or chiropractic
17 professional association or society conference or
18 meeting, for which the holder was invited or appointed.

19 (2) The application for the temporary visiting
20 physician permit shall be made to the Department, in
21 writing, on forms prescribed by the Department, and shall
22 be accompanied by the required fee established by rule,
23 which shall not be refundable. The application shall
24 require information that, in the judgment of the
25 Department, will enable the Department to pass on the
26 qualification of the applicant, and the necessity for the

1 granting of a temporary visiting physician permit.

2 (3) A temporary visiting physician permit shall be
3 valid for no longer than (i) 180 days from the date of
4 issuance or (ii) until the time the medical, osteopathic,
5 naturopathic, chiropractic, or clinical studies are
6 completed, or the state or national medical, osteopathic,
7 naturopathic, or chiropractic professional association or
8 society conference or meeting has concluded, whichever
9 occurs first. The temporary visiting physician permit may
10 be issued multiple times to a visiting physician under this
11 paragraph (3) as long as the total number of days it is
12 active do not exceed 180 days within a 365-day period.

13 (4) The applicant for a temporary visiting physician
14 permit may be required to appear before the Licensing Board
15 for an interview prior to, and as a requirement for, the
16 issuance of a temporary visiting physician permit.

17 (5) A limited temporary visiting physician permit
18 shall be issued to a physician licensed in another state
19 who has been requested to perform emergency procedures in
20 Illinois if he or she meets the requirements as established
21 by rule.

22 (C) Visiting resident permit.

23 (1) The Department may, in its discretion, issue a
24 temporary visiting resident permit, without examination,
25 provided:

1 (a) (blank);

2 (b) that the person maintains an equivalent
3 authorization to practice medicine in all of its
4 branches or to practice the treatment of human ailments
5 without the use of drugs and without operative surgery
6 in good standing in his or her native licensing
7 jurisdiction during the period of the temporary
8 visiting resident permit;

9 (c) that the applicant is enrolled in a
10 postgraduate clinical training program outside the
11 State of Illinois that is approved by the Department;

12 (d) that the individual has been invited or
13 appointed for a specific period of time to perform a
14 portion of that post graduate clinical training
15 program under the supervision of an Illinois licensed
16 physician in an Illinois patient care clinic or
17 facility that is affiliated with the out-of-State post
18 graduate training program; and

19 (e) that the temporary visiting resident permit
20 shall only permit the holder to practice medicine in
21 all of its branches or practice the treatment of human
22 ailments without the use of drugs and without operative
23 surgery within the scope of the medical, osteopathic,
24 naturopathic, chiropractic or clinical studies for
25 which the holder was invited or appointed.

26 (2) The application for the temporary visiting

1 resident permit shall be made to the Department, in
2 writing, on forms prescribed by the Department, and shall
3 be accompanied by the required fee established by rule. The
4 application shall require information that, in the
5 judgment of the Department, will enable the Department to
6 pass on the qualifications of the applicant.

7 (3) A temporary visiting resident permit shall be valid
8 for 180 days from the date of issuance or until the time
9 the medical, osteopathic, naturopathic, chiropractic, or
10 clinical studies are completed, whichever occurs first.

11 (4) The applicant for a temporary visiting resident
12 permit may be required to appear before the Licensing Board
13 for an interview prior to, and as a requirement for, the
14 issuance of a temporary visiting resident permit.

15 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

16 (225 ILCS 60/19) (from Ch. 111, par. 4400-19)

17 (Section scheduled to be repealed on December 31, 2015)

18 Sec. 19. Licensure by endorsement. The Department may, in
19 its discretion, issue a license by endorsement to any person
20 who is currently licensed to practice medicine in all of its
21 branches, a naturopathic physician, or a chiropractic
22 physician, in any other state, territory, country or province,
23 upon the following conditions and submitting evidence
24 satisfactory to the Department of the following:

25 (A) (Blank);

1 (B) That the applicant is of good moral character. In
2 determining moral character under this Section, the
3 Department may take into consideration whether the
4 applicant has engaged in conduct or activities which would
5 constitute grounds for discipline under this Act. The
6 Department may also request the applicant to submit, and
7 may consider as evidence of moral character, endorsements
8 from 2 or 3 individuals licensed under this Act;

9 (C) That the applicant is physically, mentally and
10 professionally capable of practicing medicine with
11 reasonable judgment, skill and safety. In determining
12 physical, mental and professional capacity under this
13 Section the Licensing Board may, upon a showing of a
14 possible incapacity, compel an applicant to submit to a
15 mental or physical examination and evaluation, or both, in
16 the same manner as provided in Section 22 and may condition
17 or restrict any license, subject to the same terms and
18 conditions as are provided for the Disciplinary Board under
19 Section 22 of this Act.

20 (D) That if the applicant seeks to practice medicine in
21 all of its branches:

22 (1) if the applicant was licensed in another
23 jurisdiction prior to January 1, 1988, that the
24 applicant has satisfied the educational requirements
25 of paragraph (1) of subsection (A) or paragraph (2) of
26 subsection (A) of Section 11 of this Act; or

1 (2) if the applicant was licensed in another
2 jurisdiction after December 31, 1987, that the
3 applicant has satisfied the educational requirements
4 of paragraph (A) (2) of Section 11 of this Act; and

5 (3) the requirements for a license to practice
6 medicine in all of its branches in the particular
7 state, territory, country or province in which the
8 applicant is licensed are deemed by the Department to
9 have been substantially equivalent to the requirements
10 for a license to practice medicine in all of its
11 branches in force in this State at the date of the
12 applicant's license;

13 (E) That if the applicant seeks to treat human ailments
14 without the use of drugs and without operative surgery:

15 (1) the applicant is a graduate of a chiropractic
16 or naturopathic school or college approved by the
17 Department at the time of their graduation;

18 (2) the requirements for the applicant's license
19 to practice the treatment of human ailments without the
20 use of drugs are deemed by the Department to have been
21 substantially equivalent to the requirements for a
22 license to practice in this State at the date of the
23 applicant's license;

24 (E-5) That if the applicant seeks to practice
25 naturopathic medicine:

26 (1) the applicant is a graduate of a naturopathic

1 school or college approved by the Department at the
2 time of their graduation; and

3 (2) the requirements for the applicant's license
4 to practice naturopathic medicine are deemed by the
5 Department to have been substantially equivalent to
6 the requirements for a license to practice in this
7 State at the date of the applicant's license;

8 (F) That the Department may, in its discretion, issue a
9 license by endorsement to any graduate of a medical or
10 osteopathic college, reputable and in good standing in the
11 judgment of the Department, who has passed an examination
12 for admission to the United States Public Health Service,
13 or who has passed any other examination deemed by the
14 Department to have been at least equal in all substantial
15 respects to the examination required for admission to any
16 such medical corps;

17 (G) That applications for licenses by endorsement
18 shall be filed with the Department, under oath, on forms
19 prepared and furnished by the Department, and shall set
20 forth, and applicants therefor shall supply such
21 information respecting the life, education, professional
22 practice, and moral character of applicants as the
23 Department may require to be filed for its use;

24 (H) That the applicant undergo the criminal background
25 check established under Section 9.7 of this Act.

26 In the exercise of its discretion under this Section, the

1 Department is empowered to consider and evaluate each applicant
2 on an individual basis. It may take into account, among other
3 things: the extent to which the applicant will bring unique
4 experience and skills to the State of Illinois or the extent to
5 which there is or is not available to the Department authentic
6 and definitive information concerning the quality of medical
7 education and clinical training which the applicant has had.
8 Under no circumstances shall a license be issued under the
9 provisions of this Section to any person who has previously
10 taken and failed the written examination conducted by the
11 Department for such license. In the exercise of its discretion
12 under this Section, the Department may require an applicant to
13 successfully complete an examination as recommended by the
14 Licensing Board. The Department may also request the applicant
15 to submit, and may consider as evidence of moral character,
16 evidence from 2 or 3 individuals licensed under this Act.
17 Applicants have 3 years from the date of application to
18 complete the application process. If the process has not been
19 completed within 3 years, the application shall be denied, the
20 fees shall be forfeited, and the applicant must reapply and
21 meet the requirements in effect at the time of reapplication.
22 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

23 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

24 (Section scheduled to be repealed on December 31, 2015)

25 Sec. 22. Disciplinary action.

1 (A) The Department may revoke, suspend, place on probation,
2 reprimand, refuse to issue or renew, or take any other
3 disciplinary or non-disciplinary action as the Department may
4 deem proper with regard to the license or permit of any person
5 issued under this Act, including imposing fines not to exceed
6 \$10,000 for each violation, upon any of the following grounds:

7 (1) Performance of an elective abortion in any place,
8 locale, facility, or institution other than:

9 (a) a facility licensed pursuant to the Ambulatory
10 Surgical Treatment Center Act;

11 (b) an institution licensed under the Hospital
12 Licensing Act;

13 (c) an ambulatory surgical treatment center or
14 hospitalization or care facility maintained by the
15 State or any agency thereof, where such department or
16 agency has authority under law to establish and enforce
17 standards for the ambulatory surgical treatment
18 centers, hospitalization, or care facilities under its
19 management and control;

20 (d) ambulatory surgical treatment centers,
21 hospitalization or care facilities maintained by the
22 Federal Government; or

23 (e) ambulatory surgical treatment centers,
24 hospitalization or care facilities maintained by any
25 university or college established under the laws of
26 this State and supported principally by public funds

1 raised by taxation.

2 (2) Performance of an abortion procedure in a wilful
3 and wanton manner on a woman who was not pregnant at the
4 time the abortion procedure was performed.

5 (3) A plea of guilty or nolo contendere, finding of
6 guilt, jury verdict, or entry of judgment or sentencing,
7 including, but not limited to, convictions, preceding
8 sentences of supervision, conditional discharge, or first
9 offender probation, under the laws of any jurisdiction of
10 the United States of any crime that is a felony.

11 (4) Gross negligence in practice under this Act.

12 (5) Engaging in dishonorable, unethical or
13 unprofessional conduct of a character likely to deceive,
14 defraud or harm the public.

15 (6) Obtaining any fee by fraud, deceit, or
16 misrepresentation.

17 (7) Habitual or excessive use or abuse of drugs defined
18 in law as controlled substances, of alcohol, or of any
19 other substances which results in the inability to practice
20 with reasonable judgment, skill or safety.

21 (8) Practicing under a false or, except as provided by
22 law, an assumed name.

23 (9) Fraud or misrepresentation in applying for, or
24 procuring, a license under this Act or in connection with
25 applying for renewal of a license under this Act.

26 (10) Making a false or misleading statement regarding

1 their skill or the efficacy or value of the medicine,
2 treatment, or remedy prescribed by them at their direction
3 in the treatment of any disease or other condition of the
4 body or mind.

5 (11) Allowing another person or organization to use
6 their license, procured under this Act, to practice.

7 (12) Adverse action taken by another state or
8 jurisdiction against a license or other authorization to
9 practice as a medical doctor, doctor of osteopathy, doctor
10 of osteopathic medicine, doctor of naturopathic medicine,
11 or doctor of chiropractic, a certified copy of the record
12 of the action taken by the other state or jurisdiction
13 being prima facie evidence thereof. This includes any
14 adverse action taken by a State or federal agency that
15 prohibits a medical doctor, doctor of osteopathy, doctor of
16 osteopathic medicine, or doctor of chiropractic from
17 providing services to the agency's participants.

18 (13) Violation of any provision of this Act or of the
19 Medical Practice Act prior to the repeal of that Act, or
20 violation of the rules, or a final administrative action of
21 the Secretary, after consideration of the recommendation
22 of the Disciplinary Board.

23 (14) Violation of the prohibition against fee
24 splitting in Section 22.2 of this Act.

25 (15) A finding by the Disciplinary Board that the
26 registrant after having his or her license placed on

1 probationary status or subjected to conditions or
2 restrictions violated the terms of the probation or failed
3 to comply with such terms or conditions.

4 (16) Abandonment of a patient.

5 (17) Prescribing, selling, administering,
6 distributing, giving or self-administering any drug
7 classified as a controlled substance (designated product)
8 or narcotic for other than medically accepted therapeutic
9 purposes.

10 (18) Promotion of the sale of drugs, devices,
11 appliances or goods provided for a patient in such manner
12 as to exploit the patient for financial gain of the
13 physician.

14 (19) Offering, undertaking or agreeing to cure or treat
15 disease by a secret method, procedure, treatment or
16 medicine, or the treating, operating or prescribing for any
17 human condition by a method, means or procedure which the
18 licensee refuses to divulge upon demand of the Department.

19 (20) Immoral conduct in the commission of any act
20 including, but not limited to, commission of an act of
21 sexual misconduct related to the licensee's practice.

22 (21) Wilfully making or filing false records or reports
23 in his or her practice as a physician, including, but not
24 limited to, false records to support claims against the
25 medical assistance program of the Department of Healthcare
26 and Family Services (formerly Department of Public Aid)

1 under the Illinois Public Aid Code.

2 (22) Wilful omission to file or record, or wilfully
3 impeding the filing or recording, or inducing another
4 person to omit to file or record, medical reports as
5 required by law, or wilfully failing to report an instance
6 of suspected abuse or neglect as required by law.

7 (23) Being named as a perpetrator in an indicated
8 report by the Department of Children and Family Services
9 under the Abused and Neglected Child Reporting Act, and
10 upon proof by clear and convincing evidence that the
11 licensee has caused a child to be an abused child or
12 neglected child as defined in the Abused and Neglected
13 Child Reporting Act.

14 (24) Solicitation of professional patronage by any
15 corporation, agents or persons, or profiting from those
16 representing themselves to be agents of the licensee.

17 (25) Gross and wilful and continued overcharging for
18 professional services, including filing false statements
19 for collection of fees for which services are not rendered,
20 including, but not limited to, filing such false statements
21 for collection of monies for services not rendered from the
22 medical assistance program of the Department of Healthcare
23 and Family Services (formerly Department of Public Aid)
24 under the Illinois Public Aid Code.

25 (26) A pattern of practice or other behavior which
26 demonstrates incapacity or incompetence to practice under

1 this Act.

2 (27) Mental illness or disability which results in the
3 inability to practice under this Act with reasonable
4 judgment, skill or safety.

5 (28) Physical illness, including, but not limited to,
6 deterioration through the aging process, or loss of motor
7 skill which results in a physician's inability to practice
8 under this Act with reasonable judgment, skill or safety.

9 (29) Cheating on or attempt to subvert the licensing
10 examinations administered under this Act.

11 (30) Wilfully or negligently violating the
12 confidentiality between physician and patient except as
13 required by law.

14 (31) The use of any false, fraudulent, or deceptive
15 statement in any document connected with practice under
16 this Act.

17 (32) Aiding and abetting an individual not licensed
18 under this Act in the practice of a profession licensed
19 under this Act.

20 (33) Violating state or federal laws or regulations
21 relating to controlled substances, legend drugs, or
22 ephedra as defined in the Ephedra Prohibition Act.

23 (34) Failure to report to the Department any adverse
24 final action taken against them by another licensing
25 jurisdiction (any other state or any territory of the
26 United States or any foreign state or country), by any peer

1 review body, by any health care institution, by any
2 professional society or association related to practice
3 under this Act, by any governmental agency, by any law
4 enforcement agency, or by any court for acts or conduct
5 similar to acts or conduct which would constitute grounds
6 for action as defined in this Section.

7 (35) Failure to report to the Department surrender of a
8 license or authorization to practice as a medical doctor, a
9 doctor of osteopathy, a doctor of osteopathic medicine, a
10 doctor of naturopathic medicine, or doctor of chiropractic
11 in another state or jurisdiction, or surrender of
12 membership on any medical staff or in any medical or
13 professional association or society, while under
14 disciplinary investigation by any of those authorities or
15 bodies, for acts or conduct similar to acts or conduct
16 which would constitute grounds for action as defined in
17 this Section.

18 (36) Failure to report to the Department any adverse
19 judgment, settlement, or award arising from a liability
20 claim related to acts or conduct similar to acts or conduct
21 which would constitute grounds for action as defined in
22 this Section.

23 (37) Failure to provide copies of medical records as
24 required by law.

25 (38) Failure to furnish the Department, its
26 investigators or representatives, relevant information,

1 legally requested by the Department after consultation
2 with the Chief Medical Coordinator or the Deputy Medical
3 Coordinator.

4 (39) Violating the Health Care Worker Self-Referral
5 Act.

6 (40) Willful failure to provide notice when notice is
7 required under the Parental Notice of Abortion Act of 1995.

8 (41) Failure to establish and maintain records of
9 patient care and treatment as required by this law.

10 (42) Entering into an excessive number of written
11 collaborative agreements with licensed advanced practice
12 nurses resulting in an inability to adequately
13 collaborate.

14 (43) Repeated failure to adequately collaborate with a
15 licensed advanced practice nurse.

16 (44) Violating the Compassionate Use of Medical
17 Cannabis Pilot Program Act.

18 (45) Entering into an excessive number of written
19 collaborative agreements with licensed prescribing
20 psychologists resulting in an inability to adequately
21 collaborate.

22 (46) Repeated failure to adequately collaborate with a
23 licensed prescribing psychologist.

24 Except for actions involving the ground numbered (26), all
25 proceedings to suspend, revoke, place on probationary status,
26 or take any other disciplinary action as the Department may

1 deem proper, with regard to a license on any of the foregoing
2 grounds, must be commenced within 5 years next after receipt by
3 the Department of a complaint alleging the commission of or
4 notice of the conviction order for any of the acts described
5 herein. Except for the grounds numbered (8), (9), (26), and
6 (29), no action shall be commenced more than 10 years after the
7 date of the incident or act alleged to have violated this
8 Section. For actions involving the ground numbered (26), a
9 pattern of practice or other behavior includes all incidents
10 alleged to be part of the pattern of practice or other behavior
11 that occurred, or a report pursuant to Section 23 of this Act
12 received, within the 10-year period preceding the filing of the
13 complaint. In the event of the settlement of any claim or cause
14 of action in favor of the claimant or the reduction to final
15 judgment of any civil action in favor of the plaintiff, such
16 claim, cause of action or civil action being grounded on the
17 allegation that a person licensed under this Act was negligent
18 in providing care, the Department shall have an additional
19 period of 2 years from the date of notification to the
20 Department under Section 23 of this Act of such settlement or
21 final judgment in which to investigate and commence formal
22 disciplinary proceedings under Section 36 of this Act, except
23 as otherwise provided by law. The time during which the holder
24 of the license was outside the State of Illinois shall not be
25 included within any period of time limiting the commencement of
26 disciplinary action by the Department.

1 The entry of an order or judgment by any circuit court
2 establishing that any person holding a license under this Act
3 is a person in need of mental treatment operates as a
4 suspension of that license. That person may resume their
5 practice only upon the entry of a Departmental order based upon
6 a finding by the Disciplinary Board that they have been
7 determined to be recovered from mental illness by the court and
8 upon the Disciplinary Board's recommendation that they be
9 permitted to resume their practice.

10 The Department may refuse to issue or take disciplinary
11 action concerning the license of any person who fails to file a
12 return, or to pay the tax, penalty or interest shown in a filed
13 return, or to pay any final assessment of tax, penalty or
14 interest, as required by any tax Act administered by the
15 Illinois Department of Revenue, until such time as the
16 requirements of any such tax Act are satisfied as determined by
17 the Illinois Department of Revenue.

18 The Department, upon the recommendation of the
19 Disciplinary Board, shall adopt rules which set forth standards
20 to be used in determining:

21 (a) when a person will be deemed sufficiently
22 rehabilitated to warrant the public trust;

23 (b) what constitutes dishonorable, unethical or
24 unprofessional conduct of a character likely to deceive,
25 defraud, or harm the public;

26 (c) what constitutes immoral conduct in the commission

1 of any act, including, but not limited to, commission of an
2 act of sexual misconduct related to the licensee's
3 practice; and

4 (d) what constitutes gross negligence in the practice
5 of medicine.

6 However, no such rule shall be admissible into evidence in
7 any civil action except for review of a licensing or other
8 disciplinary action under this Act.

9 In enforcing this Section, the Disciplinary Board or the
10 Licensing Board, upon a showing of a possible violation, may
11 compel, in the case of the Disciplinary Board, any individual
12 who is licensed to practice under this Act or holds a permit to
13 practice under this Act, or, in the case of the Licensing
14 Board, any individual who has applied for licensure or a permit
15 pursuant to this Act, to submit to a mental or physical
16 examination and evaluation, or both, which may include a
17 substance abuse or sexual offender evaluation, as required by
18 the Licensing Board or Disciplinary Board and at the expense of
19 the Department. The Disciplinary Board or Licensing Board shall
20 specifically designate the examining physician licensed to
21 practice medicine in all of its branches or, if applicable, the
22 multidisciplinary team involved in providing the mental or
23 physical examination and evaluation, or both. The
24 multidisciplinary team shall be led by a physician licensed to
25 practice medicine in all of its branches and may consist of one
26 or more or a combination of physicians licensed to practice

1 medicine in all of its branches, licensed chiropractic
2 physicians, licensed naturopathic physicians, licensed
3 clinical psychologists, licensed clinical social workers,
4 licensed clinical professional counselors, and other
5 professional and administrative staff. Any examining physician
6 or member of the multidisciplinary team may require any person
7 ordered to submit to an examination and evaluation pursuant to
8 this Section to submit to any additional supplemental testing
9 deemed necessary to complete any examination or evaluation
10 process, including, but not limited to, blood testing,
11 urinalysis, psychological testing, or neuropsychological
12 testing. The Disciplinary Board, the Licensing Board, or the
13 Department may order the examining physician or any member of
14 the multidisciplinary team to provide to the Department, the
15 Disciplinary Board, or the Licensing Board any and all records,
16 including business records, that relate to the examination and
17 evaluation, including any supplemental testing performed. The
18 Disciplinary Board, the Licensing Board, or the Department may
19 order the examining physician or any member of the
20 multidisciplinary team to present testimony concerning this
21 examination and evaluation of the licensee, permit holder, or
22 applicant, including testimony concerning any supplemental
23 testing or documents relating to the examination and
24 evaluation. No information, report, record, or other documents
25 in any way related to the examination and evaluation shall be
26 excluded by reason of any common law or statutory privilege

1 relating to communication between the licensee, permit holder,
2 or applicant and the examining physician or any member of the
3 multidisciplinary team. No authorization is necessary from the
4 licensee, permit holder, or applicant ordered to undergo an
5 evaluation and examination for the examining physician or any
6 member of the multidisciplinary team to provide information,
7 reports, records, or other documents or to provide any
8 testimony regarding the examination and evaluation. The
9 individual to be examined may have, at his or her own expense,
10 another physician of his or her choice present during all
11 aspects of the examination. Failure of any individual to submit
12 to mental or physical examination and evaluation, or both, when
13 directed, shall result in an automatic suspension, without
14 hearing, until such time as the individual submits to the
15 examination. If the Disciplinary Board or Licensing Board finds
16 a physician unable to practice following an examination and
17 evaluation because of the reasons set forth in this Section,
18 the Disciplinary Board or Licensing Board shall require such
19 physician to submit to care, counseling, or treatment by
20 physicians, or other health care professionals, approved or
21 designated by the Disciplinary Board, as a condition for
22 issued, continued, reinstated, or renewed licensure to
23 practice. Any physician, whose license was granted pursuant to
24 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
25 renewed, disciplined or supervised, subject to such terms,
26 conditions or restrictions who shall fail to comply with such

1 terms, conditions or restrictions, or to complete a required
2 program of care, counseling, or treatment, as determined by the
3 Chief Medical Coordinator or Deputy Medical Coordinators,
4 shall be referred to the Secretary for a determination as to
5 whether the licensee shall have their license suspended
6 immediately, pending a hearing by the Disciplinary Board. In
7 instances in which the Secretary immediately suspends a license
8 under this Section, a hearing upon such person's license must
9 be convened by the Disciplinary Board within 15 days after such
10 suspension and completed without appreciable delay. The
11 Disciplinary Board shall have the authority to review the
12 subject physician's record of treatment and counseling
13 regarding the impairment, to the extent permitted by applicable
14 federal statutes and regulations safeguarding the
15 confidentiality of medical records.

16 An individual licensed under this Act, affected under this
17 Section, shall be afforded an opportunity to demonstrate to the
18 Disciplinary Board that they can resume practice in compliance
19 with acceptable and prevailing standards under the provisions
20 of their license.

21 The Department may promulgate rules for the imposition of
22 fines in disciplinary cases, not to exceed \$10,000 for each
23 violation of this Act. Fines may be imposed in conjunction with
24 other forms of disciplinary action, but shall not be the
25 exclusive disposition of any disciplinary action arising out of
26 conduct resulting in death or injury to a patient. Any funds

1 collected from such fines shall be deposited in the Medical
2 Disciplinary Fund.

3 All fines imposed under this Section shall be paid within
4 60 days after the effective date of the order imposing the fine
5 or in accordance with the terms set forth in the order imposing
6 the fine.

7 (B) The Department shall revoke the license or permit
8 issued under this Act to practice medicine, a naturopathic
9 physician, or a chiropractic physician who has been convicted a
10 second time of committing any felony under the Illinois
11 Controlled Substances Act or the Methamphetamine Control and
12 Community Protection Act, or who has been convicted a second
13 time of committing a Class 1 felony under Sections 8A-3 and
14 8A-6 of the Illinois Public Aid Code. A person whose license or
15 permit is revoked under this subsection B shall be prohibited
16 from practicing medicine or treating human ailments without the
17 use of drugs and without operative surgery.

18 (C) The Disciplinary Board shall recommend to the
19 Department civil penalties and any other appropriate
20 discipline in disciplinary cases when the Board finds that a
21 physician willfully performed an abortion with actual
22 knowledge that the person upon whom the abortion has been
23 performed is a minor or an incompetent person without notice as
24 required under the Parental Notice of Abortion Act of 1995.
25 Upon the Board's recommendation, the Department shall impose,
26 for the first violation, a civil penalty of \$1,000 and for a

1 second or subsequent violation, a civil penalty of \$5,000.

2 (Source: P.A. 97-622, eff. 11-23-11; 98-601, eff. 12-30-13;
3 98-668, eff. 6-25-14; 98-1140, eff. 12-30-14.)

4 (225 ILCS 60/24) (from Ch. 111, par. 4400-24)

5 (Section scheduled to be repealed on December 31, 2015)

6 Sec. 24. Report of violations; medical associations.

7 (a) Any physician licensed under this Act, the Illinois
8 State Medical Society, the Illinois Association of Osteopathic
9 Physicians and Surgeons, the Illinois Chiropractic Society,
10 the Illinois Prairie State Chiropractic Association, the
11 Illinois Association of Naturopathic Physicians, or any
12 component societies of any of these 4 groups, and any other
13 person, may report to the Disciplinary Board any information
14 the physician, association, society, or person may have that
15 appears to show that a physician is or may be in violation of
16 any of the provisions of Section 22 of this Act.

17 (b) The Department may enter into agreements with the
18 Illinois State Medical Society, the Illinois Association of
19 Osteopathic Physicians and Surgeons, the Illinois Prairie
20 State Chiropractic Association, ~~or~~ the Illinois Chiropractic
21 Society, or the Illinois Association of Naturopathic
22 Physicians to allow these organizations to assist the
23 Disciplinary Board in the review of alleged violations of this
24 Act. Subject to the approval of the Department, any
25 organization party to such an agreement may subcontract with

1 other individuals or organizations to assist in review.

2 (c) Any physician, association, society, or person
3 participating in good faith in the making of a report under
4 this Act or participating in or assisting with an investigation
5 or review under this Act shall have immunity from any civil,
6 criminal, or other liability that might result by reason of
7 those actions.

8 (d) The medical information in the custody of an entity
9 under contract with the Department participating in an
10 investigation or review shall be privileged and confidential to
11 the same extent as are information and reports under the
12 provisions of Part 21 of Article VIII of the Code of Civil
13 Procedure.

14 (e) Upon request by the Department after a mandatory report
15 has been filed with the Department, an attorney for any party
16 seeking to recover damages for injuries or death by reason of
17 medical, hospital, or other healing art malpractice shall
18 provide patient records related to the physician involved in
19 the disciplinary proceeding to the Department within 30 days of
20 the Department's request for use by the Department in any
21 disciplinary matter under this Act. An attorney who provides
22 patient records to the Department in accordance with this
23 requirement shall not be deemed to have violated any
24 attorney-client privilege. Notwithstanding any other provision
25 of law, consent by a patient shall not be required for the
26 provision of patient records in accordance with this

1 requirement.

2 (f) For the purpose of any civil or criminal proceedings,
3 the good faith of any physician, association, society or person
4 shall be presumed.

5 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

6 (225 ILCS 60/33) (from Ch. 111, par. 4400-33)

7 (Section scheduled to be repealed on December 31, 2015)

8 Sec. 33. Legend drugs.

9 (a) Any person licensed under this Act to practice medicine
10 in all of its branches shall be authorized to purchase legend
11 drugs requiring an order of a person authorized to prescribe
12 drugs, and to dispense such legend drugs in the regular course
13 of practicing medicine. The dispensing of such legend drugs
14 shall be the personal act of the person licensed under this Act
15 and may not be delegated to any other person not licensed under
16 this Act or the Pharmacy Practice Act unless such delegated
17 dispensing functions are under the direct supervision of the
18 physician authorized to dispense legend drugs. Except when
19 dispensing manufacturers' samples or other legend drugs in a
20 maximum 72 hour supply, persons licensed under this Act shall
21 maintain a book or file of prescriptions as required in the
22 Pharmacy Practice Act. Any person licensed under this Act who
23 dispenses any drug or medicine shall dispense such drug or
24 medicine in good faith and shall affix to the box, bottle,
25 vessel or package containing the same a label indicating (1)

1 the date on which such drug or medicine is dispensed; (2) the
2 name of the patient; (3) the last name of the person dispensing
3 such drug or medicine; (4) the directions for use thereof; and
4 (5) the proprietary name or names or, if there are none, the
5 established name or names of the drug or medicine, the dosage
6 and quantity, except as otherwise authorized by regulation of
7 the Department.

8 (b) The labeling requirements set forth in subsection (a)
9 shall not apply to drugs or medicines in a package which bears
10 a label of the manufacturer containing information describing
11 its contents which is in compliance with requirements of the
12 Federal Food, Drug, and Cosmetic Act and the Illinois Food,
13 Drug, and Cosmetic Act. "Drug" and "medicine" have the meanings
14 ascribed to them in the Pharmacy Practice Act, as now or
15 hereafter amended; "good faith" has the meaning ascribed to it
16 in subsection (u) of Section 102 of the Illinois Controlled
17 Substances Act.

18 (c) Prior to dispensing a prescription to a patient, the
19 physician shall offer a written prescription to the patient
20 which the patient may elect to have filled by the physician or
21 any licensed pharmacy.

22 (d) A violation of any provision of this Section shall
23 constitute a violation of this Act and shall be grounds for
24 disciplinary action provided for in this Act.

25 (e) Nothing in this Section shall be construed to authorize
26 a chiropractic physician or naturopathic physician to

1 prescribe drugs.

2 (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

3 (225 ILCS 60/34) (from Ch. 111, par. 4400-34)

4 (Section scheduled to be repealed on December 31, 2015)

5 Sec. 34. The provisions of this Act shall not be so
6 construed nor shall they be so administered as to discriminate
7 against any type or category of physician or against any
8 medical, osteopathic, naturopathic, or chiropractic college.

9 (Source: P.A. 85-4.)

10 Section 25. The Patients' Right to Know Act is amended by
11 changing Section 5 as follows:

12 (225 ILCS 61/5)

13 Sec. 5. Definitions. For purposes of this Act, the
14 following definitions shall have the following meanings,
15 except where the context requires otherwise:

16 "Department" means the Department of Financial and
17 Professional Regulation.

18 "Disciplinary Board" means the Medical Disciplinary Board.

19 "Physician" means a person licensed under the Medical
20 Practice Act to practice medicine in all of its branches, a
21 naturopathic physician, or a chiropractic physician licensed
22 to treat human ailments without the use of drugs and without
23 operative surgery.

1 "Secretary" means the Secretary of the Department of
2 Financial and Professional Regulation.

3 (Source: P.A. 97-280, eff. 8-9-11.)

4 Section 30. The Naprapathic Practice Act is amended by
5 changing Sections 25 and 110 as follows:

6 (225 ILCS 63/25)

7 (Section scheduled to be repealed on January 1, 2023)

8 Sec. 25. Title and designation of licensed naprapaths.
9 Every person to whom a valid existing license as a naprapath
10 has been issued under this Act shall be designated
11 professionally a "naprapath", and not otherwise, and any
12 licensed naprapath may, in connection with the practice of his
13 profession, use the title or designation of "naprapath", and,
14 if entitled by degree from a college or university recognized
15 by the Department, may use the title of "Doctor of Naprapathy"
16 or the abbreviation "D.N.". When the name of the licensed
17 naprapath is used professionally in oral, written, or printed
18 announcements, professional cards, or publications for the
19 information of the public and is preceded by the title "Doctor"
20 or the abbreviation "Dr.", the explanatory designation of
21 "naprapath", "naprapathy", "Doctor of Naprapathy", or the
22 designation "D.N." shall be added immediately following title
23 and name. When the announcement, professional cards, or
24 publication is in writing or in print, the explanatory addition

1 shall be in writing, type, or print not less than 1/2 the size
2 of that used in the name and title. No person other than the
3 holder of a valid existing license under this Act shall use the
4 title and designation of "Doctor of Naprapathy", "D.N.", or
5 "naprapath", either directly or indirectly, in connection with
6 his or her profession or business.

7 A naprapath licensed under this Act shall not hold himself
8 or herself out as a Doctor of Chiropractic or a Doctor of
9 Naturopathic Medicine unless he or she is licensed as a Doctor
10 of Chiropractic or Doctor of Naturopathic Medicine under the
11 Medical Practice Act of 1987 or any successor Act.

12 (Source: P.A. 97-778, eff. 7-13-12.)

13 (225 ILCS 63/110)

14 (Section scheduled to be repealed on January 1, 2023)

15 Sec. 110. Grounds for disciplinary action; refusal,
16 revocation, suspension.

17 (a) The Department may refuse to issue or to renew, or may
18 revoke, suspend, place on probation, reprimand or take other
19 disciplinary or non-disciplinary action as the Department may
20 deem appropriate, including imposing fines not to exceed
21 \$10,000 for each violation, with regard to any licensee or
22 license for any one or combination of the following causes:

23 (1) Violations of this Act or of rules adopted under
24 this Act.

25 (2) Material misstatement in furnishing information to

1 the Department.

2 (3) Conviction by plea of guilty or nolo contendere,
3 finding of guilt, jury verdict, or entry of judgment, or by
4 sentencing of any crime, including, but not limited to,
5 convictions, preceding sentences of supervision,
6 conditional discharge, or first offender probation, under
7 the laws of any jurisdiction of the United States: (i) that
8 is a felony or (ii) that is a misdemeanor, an essential
9 element of which is dishonesty, or that is directly related
10 to the practice of the profession.

11 (4) Fraud or any misrepresentation in applying for or
12 procuring a license under this Act or in connection with
13 applying for renewal of a license under this Act.

14 (5) Professional incompetence or gross negligence.

15 (6) Malpractice.

16 (7) Aiding or assisting another person in violating any
17 provision of this Act or its rules.

18 (8) Failing to provide information within 60 days in
19 response to a written request made by the Department.

20 (9) Engaging in dishonorable, unethical, or
21 unprofessional conduct of a character likely to deceive,
22 defraud, or harm the public.

23 (10) Habitual or excessive use or abuse of drugs
24 defined in law as controlled substances, alcohol, or any
25 other substance which results in the inability to practice
26 with reasonable judgment, skill, or safety.

1 (11) Discipline by another U.S. jurisdiction or
2 foreign nation if at least one of the grounds for the
3 discipline is the same or substantially equivalent to those
4 set forth in this Act.

5 (12) Directly or indirectly giving to or receiving from
6 any person, firm, corporation, partnership, or association
7 any fee, commission, rebate, or other form of compensation
8 for any professional services not actually or personally
9 rendered. This shall not be deemed to include rent or other
10 remunerations paid to an individual, partnership, or
11 corporation by a naprapath for the lease, rental, or use of
12 space, owned or controlled by the individual, partnership,
13 corporation, or association. Nothing in this paragraph
14 (12) affects any bona fide independent contractor or
15 employment arrangements among health care professionals,
16 health facilities, health care providers, or other
17 entities, except as otherwise prohibited by law. Any
18 employment arrangements may include provisions for
19 compensation, health insurance, pension, or other
20 employment benefits for the provision of services within
21 the scope of the licensee's practice under this Act.
22 Nothing in this paragraph (12) shall be construed to
23 require an employment arrangement to receive professional
24 fees for services rendered.

25 (13) Using the title "Doctor" or its abbreviation
26 without further clarifying that title or abbreviation with

1 the word "naprapath" or "naprapathy" or the designation
2 "D.N."

3 (14) A finding by the Department that the licensee,
4 after having his or her license placed on probationary
5 status, has violated the terms of probation.

6 (15) Abandonment of a patient without cause.

7 (16) Willfully making or filing false records or
8 reports relating to a licensee's practice, including but
9 not limited to, false records filed with State agencies or
10 departments.

11 (17) Willfully failing to report an instance of
12 suspected child abuse or neglect as required by the Abused
13 and Neglected Child Reporting Act.

14 (18) Physical or mental illness or disability,
15 including, but not limited to, deterioration through the
16 aging process or loss of motor skill that results in the
17 inability to practice the profession with reasonable
18 judgment, skill, or safety.

19 (19) Solicitation of professional services by means
20 other than permitted advertising.

21 (20) Failure to provide a patient with a copy of his or
22 her record upon the written request of the patient.

23 (21) Cheating on or attempting to subvert the licensing
24 examination administered under this Act.

25 (22) Allowing one's license under this Act to be used
26 by an unlicensed person in violation of this Act.

1 (23) (Blank).

2 (24) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act and upon
5 proof by clear and convincing evidence that the licensee
6 has caused a child to be an abused child or a neglected
7 child as defined in the Abused and Neglected Child
8 Reporting Act.

9 (25) Practicing under a false or, except as provided by
10 law, an assumed name.

11 (26) Immoral conduct in the commission of any act, such
12 as sexual abuse, sexual misconduct, or sexual
13 exploitation, related to the licensee's practice.

14 (27) Maintaining a professional relationship with any
15 person, firm, or corporation when the naprapath knows, or
16 should know, that the person, firm, or corporation is
17 violating this Act.

18 (28) Promotion of the sale of food supplements,
19 devices, appliances, or goods provided for a client or
20 patient in such manner as to exploit the patient or client
21 for financial gain of the licensee.

22 (29) Having treated ailments of human beings other than
23 by the practice of naprapathy as defined in this Act, or
24 having treated ailments of human beings as a licensed
25 naprapath independent of a documented referral or
26 documented current and relevant diagnosis from a

1 physician, dentist, or podiatric physician, or having
2 failed to notify the physician, dentist, or podiatric
3 physician who established a documented current and
4 relevant diagnosis that the patient is receiving
5 naprapathic treatment pursuant to that diagnosis.

6 (30) Use by a registered naprapath of the word
7 "infirmary", "hospital", "school", "university", in
8 English or any other language, in connection with the place
9 where naprapathy may be practiced or demonstrated.

10 (31) Continuance of a naprapath in the employ of any
11 person, firm, or corporation, or as an assistant to any
12 naprapath or naprapaths, directly or indirectly, after his
13 or her employer or superior has been found guilty of
14 violating or has been enjoined from violating the laws of
15 the State of Illinois relating to the practice of
16 naprapathy when the employer or superior persists in that
17 violation.

18 (32) The performance of naprapathic service in
19 conjunction with a scheme or plan with another person,
20 firm, or corporation known to be advertising in a manner
21 contrary to this Act or otherwise violating the laws of the
22 State of Illinois concerning the practice of naprapathy.

23 (33) Failure to provide satisfactory proof of having
24 participated in approved continuing education programs as
25 determined by and approved by the Secretary. Exceptions for
26 extreme hardships are to be defined by the rules of the

1 Department.

2 (34) (Blank).

3 (35) Gross or willful overcharging for professional
4 services.

5 (36) (Blank).

6 All fines imposed under this Section shall be paid within
7 60 days after the effective date of the order imposing the
8 fine.

9 (b) The Department may refuse to issue or may suspend
10 without hearing, as provided for in the Department of
11 Professional Regulation Law of the Civil Administrative Code,
12 the license of any person who fails to file a return, or pay
13 the tax, penalty, or interest shown in a filed return, or pay
14 any final assessment of the tax, penalty, or interest as
15 required by any tax Act administered by the Illinois Department
16 of Revenue, until such time as the requirements of any such tax
17 Act are satisfied in accordance with subsection (g) of Section
18 2105-15 of the Department of Professional Regulation Law of the
19 Civil Administrative Code of Illinois.

20 (c) The Department shall deny a license or renewal
21 authorized by this Act to a person who has defaulted on an
22 educational loan or scholarship provided or guaranteed by the
23 Illinois Student Assistance Commission or any governmental
24 agency of this State in accordance with item (5) of subsection
25 (a) of Section 2105-15 of the Department of Professional
26 Regulation Law of the Civil Administrative Code of Illinois.

1 (d) In cases where the Department of Healthcare and Family
2 Services has previously determined a licensee or a potential
3 licensee is more than 30 days delinquent in the payment of
4 child support and has subsequently certified the delinquency to
5 the Department, the Department may refuse to issue or renew or
6 may revoke or suspend that person's license or may take other
7 disciplinary action against that person based solely upon the
8 certification of delinquency made by the Department of
9 Healthcare and Family Services in accordance with item (5) of
10 subsection (a) of Section 2105-15 of the Department of
11 Professional Regulation Law of the Civil Administrative Code of
12 Illinois.

13 (e) The determination by a circuit court that a licensee is
14 subject to involuntary admission or judicial admission, as
15 provided in the Mental Health and Developmental Disabilities
16 Code, operates as an automatic suspension. The suspension shall
17 end only upon a finding by a court that the patient is no
18 longer subject to involuntary admission or judicial admission
19 and the issuance of an order so finding and discharging the
20 patient.

21 (f) In enforcing this Act, the Department, upon a showing
22 of a possible violation, may compel an individual licensed to
23 practice under this Act, or who has applied for licensure under
24 this Act, to submit to a mental or physical examination and
25 evaluation, or both, which may include a substance abuse or
26 sexual offender evaluation, as required by and at the expense

1 of the Department. The Department shall specifically designate
2 the examining physician licensed to practice medicine in all of
3 its branches or, if applicable, the multidisciplinary team
4 involved in providing the mental or physical examination and
5 evaluation, or both. The multidisciplinary team shall be led by
6 a physician licensed to practice medicine in all of its
7 branches and may consist of one or more or a combination of
8 physicians licensed to practice medicine in all of its
9 branches, licensed chiropractic physicians, licensed
10 naturopathic physicians, licensed clinical psychologists,
11 licensed clinical social workers, licensed clinical
12 professional counselors, and other professional and
13 administrative staff. Any examining physician or member of the
14 multidisciplinary team may require any person ordered to submit
15 to an examination and evaluation pursuant to this Section to
16 submit to any additional supplemental testing deemed necessary
17 to complete any examination or evaluation process, including,
18 but not limited to, blood testing, urinalysis, psychological
19 testing, or neuropsychological testing.

20 The Department may order the examining physician or any
21 member of the multidisciplinary team to provide to the
22 Department any and all records including business records that
23 relate to the examination and evaluation, including any
24 supplemental testing performed. The Department may order the
25 examining physician or any member of the multidisciplinary team
26 to present testimony concerning the examination and evaluation

1 of the licensee or applicant, including testimony concerning
2 any supplemental testing or documents in any way related to the
3 examination and evaluation. No information, report, record, or
4 other documents in any way related to the examination and
5 evaluation shall be excluded by reason of any common law or
6 statutory privilege relating to communications between the
7 licensee or applicant and the examining physician or any member
8 of the multidisciplinary team. No authorization is necessary
9 from the licensee or applicant ordered to undergo an evaluation
10 and examination for the examining physician or any member of
11 the multidisciplinary team to provide information, reports,
12 records, or other documents or to provide any testimony
13 regarding the examination and evaluation. The individual to be
14 examined may have, at his or her own expense, another physician
15 of his or her choice present during all aspects of this
16 examination. Failure of an individual to submit to a mental or
17 physical examination and evaluation, or both, when directed,
18 shall result in an automatic suspension without hearing, until
19 such time as the individual submits to the examination.

20 A person holding a license under this Act or who has
21 applied for a license under this Act who, because of a physical
22 or mental illness or disability, including, but not limited to,
23 deterioration through the aging process or loss of motor skill,
24 is unable to practice the profession with reasonable judgment,
25 skill, or safety, may be required by the Department to submit
26 to care, counseling, or treatment by physicians approved or

1 designated by the Department as a condition, term, or
2 restriction for continued, reinstated, or renewed licensure to
3 practice. Submission to care, counseling, or treatment as
4 required by the Department shall not be considered discipline
5 of a license. If the licensee refuses to enter into a care,
6 counseling, or treatment agreement or fails to abide by the
7 terms of the agreement, the Department may file a complaint to
8 revoke, suspend, or otherwise discipline the license of the
9 individual. The Secretary may order the license suspended
10 immediately, pending a hearing by the Department. Fines shall
11 not be assessed in disciplinary actions involving physical or
12 mental illness or impairment.

13 In instances in which the Secretary immediately suspends a
14 person's license under this Section, a hearing on that person's
15 license must be convened by the Department within 15 days after
16 the suspension and completed without appreciable delay. The
17 Department shall have the authority to review the subject
18 individual's record of treatment and counseling regarding the
19 impairment to the extent permitted by applicable federal
20 statutes and regulations safeguarding the confidentiality of
21 medical records.

22 An individual licensed under this Act and affected under
23 this Section shall be afforded an opportunity to demonstrate to
24 the Department that he or she can resume practice in compliance
25 with acceptable and prevailing standards under the provisions
26 of his or her license.

1 (Source: P.A. 97-778, eff. 7-13-12; 98-214, eff. 8-9-13;
2 98-463, eff. 8-16-13.)

3 Section 35. The Illinois Physical Therapy Act is amended by
4 changing Section 1 as follows:

5 (225 ILCS 90/1) (from Ch. 111, par. 4251)

6 (Section scheduled to be repealed on January 1, 2016)

7 Sec. 1. Definitions. As used in this Act:

8 (1) "Physical therapy" means all of the following:

9 (A) Examining, evaluating, and testing individuals who
10 may have mechanical, physiological, or developmental
11 impairments, functional limitations, disabilities, or
12 other health and movement-related conditions, classifying
13 these disorders, determining a rehabilitation prognosis
14 and plan of therapeutic intervention, and assessing the
15 on-going effects of the interventions.

16 (B) Alleviating impairments, functional limitations,
17 or disabilities by designing, implementing, and modifying
18 therapeutic interventions that may include, but are not
19 limited to, the evaluation or treatment of a person through
20 the use of the effective properties of physical measures
21 and heat, cold, light, water, radiant energy, electricity,
22 sound, and air and use of therapeutic massage, therapeutic
23 exercise, mobilization, and rehabilitative procedures,
24 with or without assistive devices, for the purposes of

1 preventing, correcting, or alleviating a physical or
2 mental impairment, functional limitation, or disability.

3 (C) Reducing the risk of injury, impairment,
4 functional limitation, or disability, including the
5 promotion and maintenance of fitness, health, and
6 wellness.

7 (D) Engaging in administration, consultation,
8 education, and research.

9 Physical therapy includes, but is not limited to: (a)
10 performance of specialized tests and measurements, (b)
11 administration of specialized treatment procedures, (c)
12 interpretation of referrals from physicians, dentists,
13 advanced practice nurses, physician assistants, and podiatric
14 physicians, (d) establishment, and modification of physical
15 therapy treatment programs, (e) administration of topical
16 medication used in generally accepted physical therapy
17 procedures when such medication is prescribed by the patient's
18 physician, licensed to practice medicine in all its branches,
19 the patient's physician licensed to practice podiatric
20 medicine, the patient's advanced practice nurse, the patient's
21 physician assistant, or the patient's dentist, and (f)
22 supervision or teaching of physical therapy. Physical therapy
23 does not include radiology, electrosurgery, chiropractic
24 technique, naturopathic technique, or determination of a
25 differential diagnosis; provided, however, the limitation on
26 determining a differential diagnosis shall not in any manner

1 limit a physical therapist licensed under this Act from
2 performing an evaluation pursuant to such license. Nothing in
3 this Section shall limit a physical therapist from employing
4 appropriate physical therapy techniques that he or she is
5 educated and licensed to perform. A physical therapist shall
6 refer to a licensed physician, advanced practice nurse,
7 physician assistant, dentist, or podiatric physician any
8 patient whose medical condition should, at the time of
9 evaluation or treatment, be determined to be beyond the scope
10 of practice of the physical therapist.

11 (2) "Physical therapist" means a person who practices
12 physical therapy and who has met all requirements as provided
13 in this Act.

14 (3) "Department" means the Department of Professional
15 Regulation.

16 (4) "Director" means the Director of Professional
17 Regulation.

18 (5) "Board" means the Physical Therapy Licensing and
19 Disciplinary Board approved by the Director.

20 (6) "Referral" means a written or oral authorization for
21 physical therapy services for a patient by a physician,
22 dentist, advanced practice nurse, physician assistant, or
23 podiatric physician who maintains medical supervision of the
24 patient and makes a diagnosis or verifies that the patient's
25 condition is such that it may be treated by a physical
26 therapist.

1 (7) "Documented current and relevant diagnosis" for the
2 purpose of this Act means a diagnosis, substantiated by
3 signature or oral verification of a physician, dentist,
4 advanced practice nurse, physician assistant, or podiatric
5 physician, that a patient's condition is such that it may be
6 treated by physical therapy as defined in this Act, which
7 diagnosis shall remain in effect until changed by the
8 physician, dentist, advanced practice nurse, physician
9 assistant, or podiatric physician.

10 (8) "State" includes:

11 (a) the states of the United States of America;

12 (b) the District of Columbia; and

13 (c) the Commonwealth of Puerto Rico.

14 (9) "Physical therapist assistant" means a person licensed
15 to assist a physical therapist and who has met all requirements
16 as provided in this Act and who works under the supervision of
17 a licensed physical therapist to assist in implementing the
18 physical therapy treatment program as established by the
19 licensed physical therapist. The patient care activities
20 provided by the physical therapist assistant shall not include
21 the interpretation of referrals, evaluation procedures, or the
22 planning or major modification of patient programs.

23 (10) "Physical therapy aide" means a person who has
24 received on the job training, specific to the facility in which
25 he is employed, but who has not completed an approved physical
26 therapist assistant program.

1 (11) "Advanced practice nurse" means a person licensed
2 under the Nurse Practice Act who has a collaborative agreement
3 with a collaborating physician that authorizes referrals to
4 physical therapists.

5 (12) "Physician assistant" means a person licensed under
6 the Physician Assistant Practice Act of 1987 who has been
7 delegated authority to make referrals to physical therapists.

8 (Source: P.A. 98-214, eff. 8-9-13.)

9 Section 40. The Health Care Arbitration Act is amended by
10 changing Section 2 as follows:

11 (710 ILCS 15/2) (from Ch. 10, par. 202)

12 Sec. 2. Definitions. As used in this Act:

13 (a) "Health care provider" means a person, partnership,
14 corporation, or other entity lawfully engaged in the practice
15 of medicine, surgery, chiropractic, naturopathy, dentistry,
16 podiatry, optometry, physical therapy or nursing.

17 (b) "Hospital" means a person, partnership, corporation or
18 other entity lawfully engaged in the operation or
19 administration of a hospital, clinic, nursing home or
20 sanitarium.

21 (c) "Supplier" means a person, corporation, partnership or
22 other entity that has manufactured, designed, distributed,
23 sold, or otherwise provided any medication, device, equipment,
24 service, or other product used in the diagnosis or treatment of

1 a patient.

2 (d) "Health care arbitration agreement" or "agreement"
3 means a written agreement between a patient and a hospital or
4 health care provider to submit to binding arbitration a claim
5 for damages arising out of (1) injuries alleged to have been
6 received by a patient or (2) death of a patient, due to
7 hospital or health care provider negligence or other wrongful
8 act, but not including intentional torts.

9 (Source: P.A. 90-655, eff. 7-30-98.)

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.

1		INDEX
2		Statutes amended in order of appearance
3	20 ILCS 3945/2	from Ch. 144, par. 2002
4	105 ILCS 5/24-6	
5	105 ILCS 5/26-1	from Ch. 122, par. 26-1
6	215 ILCS 5/122-1	from Ch. 73, par. 734-1
7	225 ILCS 60/2	from Ch. 111, par. 4400-2
8	225 ILCS 60/7	from Ch. 111, par. 4400-7
9	225 ILCS 60/8	from Ch. 111, par. 4400-8
10	225 ILCS 60/9	from Ch. 111, par. 4400-9
11	225 ILCS 60/10	from Ch. 111, par. 4400-10
12	225 ILCS 60/11	from Ch. 111, par. 4400-11
13	225 ILCS 60/14	from Ch. 111, par. 4400-14
14	225 ILCS 60/15	from Ch. 111, par. 4400-15
15	225 ILCS 60/16	from Ch. 111, par. 4400-16
16	225 ILCS 60/17	from Ch. 111, par. 4400-17
17	225 ILCS 60/18	from Ch. 111, par. 4400-18
18	225 ILCS 60/19	from Ch. 111, par. 4400-19
19	225 ILCS 60/22	from Ch. 111, par. 4400-22
20	225 ILCS 60/24	from Ch. 111, par. 4400-24
21	225 ILCS 60/33	from Ch. 111, par. 4400-33
22	225 ILCS 60/34	from Ch. 111, par. 4400-34
23	225 ILCS 61/5	
24	225 ILCS 63/25	
25	225 ILCS 63/110	

- 1 225 ILCS 90/1 from Ch. 111, par. 4251
- 2 710 ILCS 15/2 from Ch. 10, par. 202